

# Fast Facts

## From Dr. Katz



"To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners."

April 11, 2012



### A Message from the Director

We are on our way to implementing an electronic medical record (EMR) for DHS. Over 150 people are participating in an ongoing evaluation process to select the right vendor. This is a big investment and we must do it right the first time.

As providers, our work will change dramatically. I see patients at Roybal Clinic each week and am lucky to be able to chart my patients on the computer there; in

other areas of DHS we are still doing paper charting by physicians with terrible handwriting like me! If my patient goes to an emergency room, the written record is unavailable to those doctors. That is why the federal government is pushing computer charting and helping subsidize the costs.

Since we have computer charting at Roybal, you might ask what's wrong with our current system? For one thing, the Affinity system is so old that the maker no longer supports updates. My notes on a Roybal patient can be read by emergency room doctors at LAC+USC, but at no other DHS hospital. Because we store data on six different servers which don't communicate with one another, this causes unproductive duplication and the inability to view a single patient record across DHS facilities.

Worse, when I use Affinity I must log onto one system to chart my notes and a separate system to write a prescription. The second system does not talk to the first, so it cannot check my prescriptions against potential contraindications for my patient. When I go back to my notes, Affinity has logged me out. For referrals, I must log onto a third system which doesn't talk with the first, requiring that I retype all the information. Sound inefficient?

Once we have a new EMR, we will provide better care because all information on a patient will be accessible from all DHS sites. The EMR will also alert us to contraindications for our patients making us better and more efficient providers. New systems almost always slow efficiency at first, but I estimate that I will see one and a half times as many patients as I do now. And that is what we are about: providing more and better care to the Angelenos who need us.

### DHS Awarded Nurse Practitioner Grant

Contributed by Vivian Branchick

The Worker Education & Resource Center (WERC) that operates the Health Care Workforce Development Program (HCWDP) with the Department of Health Services (DHS) and the Service Employees International Union (SEIU), was awarded a \$1M grant from the US Department of Labor to partner with Charles Drew University of Medicine and Science to offer 20 DHS registered nurses the opportunity to become Advanced Practice Registered Nurse Practitioners. The Project called "BSN to NP" will prepare these new Nurse Practitioners to work in targeted sub-specialty areas in order to better manage chronic diseases and prevent unnecessary hospital admissions.

Diane Factor, Director of WERC/HCWDP, is thrilled that "our nurses can advance in their practice and serve at a higher level so that we can provide better healthcare to our patients with serious chronic illnesses that require more attention. Drew University is the perfect partner with a mission to transform the health of underserved communities." Dr. Hal Yee, DHS Chief Medical Officer, concurs. "Lack of timely access to outpatient specialty services is a major problem in Los Angeles County and across the nation. This grant represents a remarkable opportunity to establish a new model in which Nurse Practitioners can help to solve the problem". Vivian Branchick, DHS Chief Nursing Officer, added that "DHS is fully committed to the career advancement of our nursing workforce. The BSN to NP is an accelerated program and offers DHS nurses the flexibility to pursue higher education and career advancement while continuing their full time job".



### In this issue

- Message from the Director
- DHS Awarded Nurse Practitioner Grant
- LAC+USC Breathmobile Receives Service Award
- Hubert H. Humphrey Hosts Disaster Fair
- Melinda Star, March of Dimes Ambassador
- Rancho Physician Awarded by American Heart Association

### LAC+USC BREATHMOBILE RECEIVES HOSPITAL CHARITABLE SERVICE AWARD

Contributed by Phillip L. Moore III

The LAC+USC Breathmobile program is a comprehensive, mobile-based pediatric asthma disease management program that delivers asthma-specialty care to inner-city children at no costs. To address the issue of low-income and uninsured residents being disproportionately affected by asthma because they do not have access to preventive and ongoing medical care, the Breathmobile Program was created in 1995 as a collaborative effort among the Asthma and Allergy Foundation of America, LAC+USC Medical Center, and the Los Angeles Unified School District (LAUSD).

The 34-foot mobile clinic is staffed by a four-member team of asthma care specialists who deliver routine, preventative, team-based asthma care at local school sites. By providing care at local school sites, patients with transportation issues are able to receive care. Each Breathmobile is equipped with networked computers to collect patient data which is stored in an electronic medical record allowing for measurement of clinical disease outcomes.

As of July 2011, over 12,000 unique patients have been treated spanning 68,000 visits. Children who remain in the program for one year or longer report on average reductions of 68% in emergency department visits, 87% in hospitalizations and 82% in missed school days. Without the Breathmobile program - the first program in the nation to be certified by the Joint Commission for disease specific care in 2002 - these patients would not receive well-controlled asthma care.

Recently, the Breathmobile Program was awarded the 2011 Hospital Charitable Service Award and \$10,000 for continuing asthma treatment, education and development for the community. There were 197 nominations submitted nationwide with only 10 organizations receiving the award. Dr. Lyne Scott, Breathmobile Director and Chief, Division of Allergy & Immunology said, "I am so excited and encouraged by this national level of recognition for setting high standards of care for asthmatic patients."

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# Hubert H. Humphrey Comprehensive Health Center Hosts Emergency Preparedness Fair

Contributed by Omar Jones



Dr. Millicent Wilson, Disaster Training Specialist, Emergency Medical Services and Laverne Rousseau, R.N.

When a disaster strikes, many Los Angeles residents will be better prepared after attending the annual Disaster Preparedness Fair at Hubert H. Humphrey Comprehensive Health Center. This free community event, which was held on March 2 in collaboration with Los Angeles County Emergency Medical Services (EMS) Agency, featured exhibits and information to educate to the public about planning for a natural or man-made disaster. A number of agencies and vendors participated in the event, including the Los Angeles County Department of Public Health, the City of Los Angeles Emergency Management Department, the American Red Cross, SOS Survival Products, the Los Angeles County Disaster Healthcare Volunteers, the San Onofre Nuclear Generation Station, the Los Angeles County Department of Animal Control, and Dexter the Disaster Awareness Dog.

Vendors were on site to answer questions, provide safety information and demonstrations regarding how to prepare for a natural and man-made disaster, food preparedness, water and first-aid sources. Participants were also able to purchase Disaster Preparedness kits and equipment, register as

disaster healthcare volunteers and enter in raffles offering free disaster preparedness equipment. Teaching the importance of emergency preparedness was the main objective of the event. This was achieved by providing participants with material regarding developing emergency plans including what is need to survive, what to do during a disaster, who to contact, and what supplies are recommended. Presentations were given by Southern California Edison on the San Onofre Nuclear Generation Station, and on the topic of Disaster Preparedness by the Los Angeles County Emergency Medical Services Agency. The intent of the event was to inspire employees, families and the community to prepare for emergency situations by having the proper supplies, information, and disaster plan for their families. A disaster can happen at any time so it is crucial to be prepared and know what to do.

## Melinda Star Guido named March of Dimes Ambassador

Contributed by Michael Wilson



Supervisor Yaroslavsky, Haydee & Melinda

LAC+USC miracle baby Melinda Star Guido, who made international headlines as the world's third smallest baby when she was born at 24 weeks, has gone to work as an ambassador for the 2012 March of Dimes Campaign. Melinda displayed her diplomacy skills at the campaign kick-off breakfast held March 6. Participants were treated to a video about her remarkable birth and remarks from her mother, Haydee Ibarra.

This year's "March for Babies" walk will be held April 28 at Exposition Park where Melinda will be a part of a group representing more than

half a million babies born prematurely in the United States each year. Committed to raising money for healthier, stronger babies, the Department of Health Services raised nearly \$60,000 dollars for the Dimes campaign last year. Pledge your support again this year for this important charity which was established 74 years ago with the goal of eliminating polio. Once this mission was accomplished, the foundation focused its efforts on the prevention of birth defects and infant mortality.

Contributions to the March for Babies helps fund research to fight birth defects, premature birth, and infant mortality. Information and comfort is also provided to families coping with the experience of having a baby in the newborn intensive care unit (NICU). The support provided by the March of Dimes addresses the need of families, enhances the hospital's family-centered care practices and provides professional support to the NICU staff.

## Rancho Physician Honored by American Heart Association

Contributed by Lisa Finkelstein



The American Heart Association recently awarded the prestigious Robert G. Siekert New Investigator Award to Amytis Towfighi M.D., Associate Chief Medical Officer and Chair of the Neurology Department at Rancho Los Amigos National Rehabilitation Center. This award, was established in recognition of Dr. Robert G. Siekert, founding chairman of the American Heart Association's International Conference on Stroke and Cerebral Circulation. Dr. Towfighi received the award for her work

evaluating the utility of the Framingham Risk Score as a tool for assessing risk of future myocardial infarction or vascular death among stroke patients. In addition to publishing numerous articles on stroke preventive care, Dr. Towfighi is internationally recognized and has presented at conferences throughout the world.

Based upon a study in which Dr. Towfighi was the lead author, women ages 35 to 54 years are more likely than similarly aged men to report having had a stroke. Dr. Towfighi received her Bachelor of Science degree in Biology with a minor in Political Science from Massachusetts Institute of Technology (MIT) and her Doctor of Medicine from John Hopkins School of Medicine. After an internship at Massachusetts General Hospital in Boston and a Neurology Residency in the Harvard Partners Neurology Program (Massachusetts General Hospital and Brigham and Women's Hospital), she completed a Vascular Neurology fellowship at University of California, Los Angeles (UCLA.) In addition to her duties at Rancho, Dr. Towfighi is an Assistant Professor of Neurology at USC Keck School of Medicine.

### At the request of our readers, we've developed the following glossary of health terms frequently found in *Fast Facts* :

**Patient-Centered:** refers to an approach to medical care that puts the patient's needs first and is organized around individualized attention, recognition, and respect.

**Episodic Care:** refers to outpatient care that is sought infrequently in contrast to regular, ongoing care for a chronic illness. Episodic should be distinguished from Urgent Care, which refers to care for illness that is non-emergent or life threatening.

**Longitudinal Care:** refers to the longitude or length of care, such as across primary and specialty services over time.

**Patient-Centered Medical Home:** refers to a DHS or community partner clinic where a patient is assigned and where primary care is delivered by the same provider and care team every time.

**Coordinated Care:** refers to aspects of the patient-centered medical home where care is highly coordinated among caregiver teams. Specialist referrals and contact between primary care doctors and specialists is frequent and coordinated to improve outcomes.

**Medical Home Transitions:** Refers to the work DHS has undertaken during the past 15 months to identify frequent patients to DHS and community partner clinics and assign them to specific providers at specific clinic locations, also known as patient-centered medical homes. Over time, DHS intends to establish medical homes for approximately 400,000 current patients

Glossary (with updates) and Fast Facts may be found at <http://ladhs.org/wps/portal/FastFacts>

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